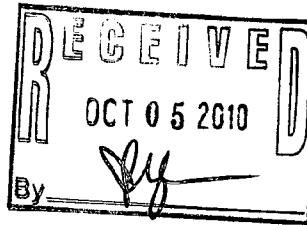


State of California  
Division of Occupational Safety and Health  
Cal/OSHA Process Safety Management District Office  
1450 Enea Circle, Suite 550 (Index Code 4037)  
Concord, CA 94520-7996  
Phone: (925) 602-2665 Fax: (925) 602-2668



## Citation and Notification of Penalty

<b>To:</b>	<b>Inspection Number:</b>	314324187
Chevron USA, Inc. dba Chevron Products Co.	<b>Inspection Date(s):</b>	07/29/2010 - 09/15/2010
and its successors	<b>Issuance Date:</b>	09/15/2010
841 Chevron Way	<b>CSHO ID:</b>	I7311
Richmond, CA 94801	<b>Optional Report #:</b>	01-11
	<b>Reporting ID:</b>	0950663

**Inspection Site:**  
841 Chevron Way  
Richmond, CA 94801

*The violation(s) described in this Citation and Notification of Penalty is (are) alleged to have occurred on or about the day(s) the inspection was made unless otherwise indicated within the description given below.*

### AMENDED CITATION

**This Citation and Notification of Penalty** (hereinafter Citation) is being issued in accordance with California Labor Code Section 6317 for violations that were found during the inspection/investigation. **This Citation or a copy must be prominently posted upon receipt by the employer at or near the location of each violation until the violative condition is corrected or for three working days, whichever is longer.** Violations of Title 8 of the California Code of Regulations or of the California Labor Code may result in some instances in prosecution for a misdemeanor.

**YOU HAVE A RIGHT** to contest this Citation and Notification of Penalty by filing an appeal with the Occupational Safety and Health Appeals Board. To initiate your appeal, you **must** contact the Appeals Board, in writing or by telephone, within 15 working days from the date of receipt of this Citation. If you miss the 15 working day deadline to appeal, the Citation and Notification of Penalty becomes a final order of the Appeals Board, not subject to review by any court or agency.

**Informal Conference** - You may request an informal conference with the Manager of the District Office which issued the Citation within 10 working days after receipt of the Citation. However, if the citation is appealed, you may request an informal conference at any time prior to the day of the hearing. Employers are encouraged to schedule a conference at the earliest possible time to assure an expeditious resolution of any issues. At the informal conference, you may discuss the existence of the alleged violation, classification of the violation, abatement date or proposed penalty.

Be sure to bring to the conference any and all supporting documentation of existing conditions as well as any abatement steps taken thus far. If conditions warrant, we can enter into an agreement which resolves this matter without litigation or contest.

## **APPEAL RIGHTS**

The Occupational Safety and Health Appeals Board (Appeals Board) consists of three members appointed by the Governor. The Appeals Board is a separate entity from the Division of Occupational Safety and Health (Division) and employs experienced attorneys as administrative law judges to hear appeals fairly and impartially. To initiate an appeal from a Citation and Notification of Penalty, you must contact the Appeals Board, in writing or by telephone, within 15 working days from the date of receipt of a Citation. After you have initiated your appeal, you must then file a completed appeal form with the Appeals Board, at the address listed below, for each contested citation. Failure to file a completed appeal form with the Appeals Board may result in dismissal of the appeal. Appeal forms are available from district offices of the Division, or from the Appeals Board:

Occupational Safety and Health Appeals Board

2520 Venture Oaks Way, Suite 300

Sacramento, CA 95833

Telephone: (916) 274-5751

Fax: (916) 274-5785

If the Citation you are appealing alleges more than one item, you must specify on the appeal form which items you are appealing. You must also attach to the appeal form a legible copy of the Citation you are appealing.

Among the specific grounds for an appeal are the following: the safety order was not violated, the classification of the alleged violation (e.g., serious, repeat, willful) is incorrect, the abatement requirements are unreasonable or the proposed penalty is unreasonable.

**Important:** You must notify the Appeals Board, not the Division, of your intent to appeal within 15 working days from the date of receipt of the Citation. Otherwise, the Citation and Notification of Penalty becomes a final order of the Appeals Board not subject to review by any court or agency. An informal conference with the Division does not constitute an appeal and does not stay the 15 working day appeal period. If you have any questions concerning your appeal rights, call the Appeals Board, (916) 274-5751.

## PENALTY PAYMENT OPTIONS

Penalties are due within 15 working days of receipt of this Citation and Notification of Penalty unless contested. If you are appealing any item of the citation, remittance is still due on all items that are not appealed. Enclosed for your use is a Penalty Remittance Form for payment.

If you are paying by credit card (MasterCard and Visa), please have the Penalty Remittance Form on-hand when you are ready to make our payment. The company name, index code, reporting ID, and Citation number(s) will be required in order to ensure that the payment is accurately posted to your account. Please go to [www.dir.ca.gov/dosh](http://www.dir.ca.gov/dosh) to access the secure payment processing site.

If you are paying by check, return one copy of the Citation, along with the Notice of Proposed Penalties Sheet and the Penalty Remittance Form and mail to:

Department of Industrial Relations  
Cashier, Accounting Office  
P. O. Box 420603  
San Francisco, CA 94142-0603

CAL/OSHA does not agree to any restrictions, conditions or endorsements put on any check or money order for less than the full amount due, and will cash the check or money order as if these restrictions, conditions, or endorsements do not exist.

## NOTIFICATION OF CORRECTIVE ACTION

For violations which you do not contest, you should notify the Division of Occupational Safety and Health promptly by letter that you have taken appropriate corrective action within the time frame set forth on this Citation and Notification of Penalty. Please inform the District Office listed on the Citation by submitting the CAL/OSHA Form 160 and/or 161 with the abatement steps you have taken and the date the violation was abated, together with adequate supporting documentation, e.g., drawings or photographs of corrected conditions, purchase/work orders related to abatement actions, air sampling results, etc. The adjusted penalty for serious and general violations **has already been** reduced by 50% on the presumption that the employer will correct the violations by the abatement date. **If the CAL/OSHA Form 161 is not received in the District Office within 10 days following the abatement date, the abatement credit is revoked, causing the penalty to double.**

**Note:** Return the CAL/OSHA Form 160/161 to the District Office listed on the Citation and as shown below:

Division of Occupational Safety and Health  
Northern California Process Safety Management District Office  
1450 Enea Circle, Suite 550  
Concord, CA 94520

## EMPLOYEE RIGHTS

**Employer Discrimination Unlawful** - The law prohibits discrimination by an employer against an employee for filing a complaint or for exercising any rights under Labor Code Section 6310 or 6311. An employee who believes that he/she has been discriminated against may file a complaint no later than six (6) months after the discrimination occurred with the Division of Labor Standards Enforcement.

**Employee Appeals** - An employee or authorized employee's representative may, within 15 working days of the issuance of a citation, special order, or order to take special action, appeal to the Occupational Safety and Health Appeals Board the reasonableness of the period of time fixed by the Division of Occupational Safety and Health (Division) for abatement. An employee appeal may be filed with the Appeals Board or with the Division. No particular format is necessary to initiate the appeal, but the notice of appeal must be in writing.

If an Employee Appeal is filed with the Division, the Division shall note on the face of the document the date of receipt, include any envelope or other proof of the date of mailing, and promptly transmit the document to the Appeals Board. The Division shall, no later than 10 working days from receipt of the Employee Appeal, file with the Appeals Board and serve on each party a clear and concise statement of the reasons why the abatement period prescribed by it is reasonable.

Employee Appeal Forms are available from the Appeals Board, or from a District Office of the Division.

**Employees Participation in Informal Conference.** Affected employees or their representatives may notify the District Manager that they wish to attend the informal conference. If the employer objects, a separate informal conference will be held.

## DISABILITY ACCOMMODATION

Disability accommodation is available upon request. Any person with a disability requiring an accommodation, auxiliary aid or service, or a modification of policies or procedures to ensure effective communication and access to the programs of the Division of Occupational Safety and Health, should contact the Disability Accommodation Coordinator at the local district office or the Statewide Disability Accommodation Coordinator at 1-866-326-1616 (toll free). The Statewide Coordinator can also be reached through the California Relay Service, by dialing 711 or 1-800-735-2929 (TTY) or 1-800-855-3000 (TTY-Spanish).

Accommodations can include modifications of policies or procedures or provision of auxiliary aids or services. Accommodations include, but are not limited to, an Assistive Listening System (ALS), a Computer-Aided Transcription System or Communication Access Realtime Translation (CART), a sign-language interpreter, documents in Braille, large print or on computer disk, and audio cassette recording. Accommodation requests should be made as soon as possible. Requests for an ALS or CART should be made no later than five (5) days before the hearing or conference.

**State of California**

Division of Occupational Safety and Health  
Cal/OSHA N. CA PSM District Office (0950663;4037)  
1450 Enea Circle, Suite 550  
Concord, CA 94520

**Inspection Number:** 314324187  
**Inspection Dates:** 07/29/2010-09/15/2010  
**Issuance Date:** 09/15/2010  
**CSHO ID:** I7311  
**Optional Inspection Nbr:** 01-11



Phone: (925) 602-2665 Fax: (925) 602-2668

**Citation and Notification of Penalty**

**Company Name:** Chevron USA, Inc. dba Chevron Products Co.  
**Inspection Site:** 841 Chevron Way, Richmond, CA 94801

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**AMENDED**

**"THIS CITATION AMENDS CITATION NO. 1 ISSUED ON 9/15/10 TO EXTEND THE ABATEMENT AND TO CHANGE THE AVD LANGUAGE FOR ITEMS NO. 1. ALL OTHER ITEMS OF THE CITATION AND PENALTY REMAIN UNCHANGED AND EFFECTIVE. THIS AMENDED CITATION SHALL BE POSTED WITH THE ORIGINAL CITATION FOR AT LEAST THREE WORKING DAYS OR UNTIL THE VIOLATIVE CONDITION IS ABATED, WHICHEVER IS LONGER."**

**Citation 1 Item 1 Type of Violation: General**

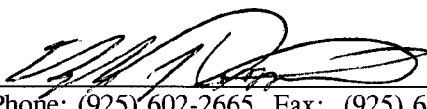
T8CCR 4002(a) All machines, parts of machines, or component parts of machines which create hazardous revolving, reciprocating, running, shearing, punching, pressing, squeezing, drawing, cutting, rolling, mixing or similar action, including pinch points and shear points, not guarded by the frame of the machine(s) or by location, shall be guarded.

The tops on some of the capstan winches located on Berth 4 of the Long Wharf area are missing the cap (as originally equipped) to guard against contact with the winch mounting nut and frame.

This violation was observed on July 29, 2010.

Date By Which Violation Must be Abated:  
Proposed Penalty:

01/01/2011  
\$ 600.00

  
\_\_\_\_\_  
Phone: (925) 602-2665 Fax: (925) 602-2668  
Compliance Officer/District Manager

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See pages 1 through 4 of this Citation and Notification of Penalty for information on employer and employee rights and responsibilities.

State of California  
Division of Occupational Safety and Health  
Cal/OSHA Process Safety Management District Office  
1450 Enea Circle, Suite 550 (Index Code 4037)  
Concord, CA 94520-7996  
Phone: (925) 602-2665 Fax: (925) 602-2668

## NOTICE OF PROPOSED PENALTIES

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**Company Name:** Chevron USA, Inc. dba Chevron Products Co.  
**Inspection Site:** 841 Chevron Way, Richmond, CA 94801  
**Mailing Address:** 841 Chevron Way, Richmond, CA 94801  
  
**Issuance Date:** 09/28/2010  
  
**Reporting ID:** 0950663  
**Index Code:** 4037

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### Summary of Penalties for Inspection Number 314324187

Citation 1, General	= \$	600.00
<b>TOTAL PROPOSED PENALTIES</b>	<b>= \$</b>	<b>600.00</b>

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Penalties are due within 15 working days of receipt of this notification unless contested. If you are appealing any item of this citation, remittance is still due on all items that are not appealed. Enclosed for your use is a Penalty Remittance Form.

If you are paying by credit card (MasterCard and Visa): Please have this form on-hand when you are ready to make your payment. The company name, index code, reporting ID and Citation number(s) will be required to ensure that the payment is accurately posted to your account. Please go to [www.dir.ca.gov/dosh](http://www.dir.ca.gov/dosh) to access the secure payment processing site.

If you are paying by check: Mail this Notice of Proposed Penalties, the Penalty Remittance Form, along with a copy of the Citation and Notification of Penalty to:

**DEPARTMENT OF INDUSTRIAL RELATIONS**  
**CASHIER, ACCOUNTING OFFICE**  
**P. O. BOX 420603**  
**SAN FRANCISCO, CA 94142-0603**

CAL/OSHA does not agree to any restrictions, conditions or endorsements put on any check or money order for less than the full amount due, and will cash the check or money order as if these restrictions, conditions or endorsements do not exist.



**DEPARTMENT OF INDUSTRIAL RELATIONS**  
DIVISION OF OCCUPATIONAL SAFETY AND HEALTH - CAL/OSHA  
Cashier, Accounting Office  
P.O. Box 420603  
San Francisco, CA 94142-0603  
Phone (415) 703-4291 or (415) 703-4295 FAX (415) 703-3037

**PENALTY REMITTANCE FORM**

**CIVIL PENALTY INFORMATION** INSPECTION NUMBER 314324187 REPORTING ID 0950663 INDEX CODE 4037

ESTABLISHMENT NAME Chevron USA, Inc. dba Chevron Products Co.

CONTACT PERSON \_\_\_\_\_

PHONE NO. \_\_\_\_\_

FAX NO. \_\_\_\_\_

SITE ADDRESS 841 Chevron Way, Richmond

MAILING ADDRESS 841 Chevron Way, Richmond, CA, 94801

**CITATION INFORMATION** (Penalties are due within 15 working days of receipt of this notification unless contested. If you are appealing any item of this citation, remittance is still due on all items that are not appealed.)

Payment is for the following Citation Items: e.g. Citation 1, Items 1-5; Citation 3

**TYPE OF PAYMENT ENCLOSED**

**CHECK OR MONEY ORDER INFORMATION**

CHECK ENCLOSED IN THE AMOUNT OF \$ \_\_\_\_\_

MONEY ORDER ENCLOSED IN THE AMOUNT OF \$ \_\_\_\_\_

(Please make check or money order payable to **CAL/OSHA** and mail to the Cashier, Accounting Office, at the above address. Reference the Inspection Number on the "memo" portion of your check or money order.)

Go to [www.dir.ca.gov/dosh](http://www.dir.ca.gov/dosh) to access the on-line third party secure payment processing site.

**OR** Complete this section and fax to (415) 703-3037

**CREDIT CARD INFORMATION**

VISA OR MASTERCARD CREDIT CARD NO. \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

CREDIT CARD SECURITY CODE (last 3 digits on back of card) \_\_\_\_\_

NAME OF CARDHOLDER \_\_\_\_\_ SIGNATURE \_\_\_\_\_

CARDHOLDER PHONE NO. \_\_\_\_\_ FAX NO. \_\_\_\_\_

AMOUNT OF PAYMENT \$ \_\_\_\_\_

----- FOR OFFICE USE ONLY -----

AUTHORIZATION NO. \_\_\_\_\_ DATE PROCESSED \_\_\_\_\_

PROCESSED BY \_\_\_\_\_

Please call (415) 703-4291 or 703-4295 or complete the information above and fax to (415) 703-3037

Cal/OSHA-2 PRF Rev 7/08

STATE OF CALIFORNIA  
DEPARTMENT OF INDUSTRIAL RELATIONS  
DIVISION OF OCCUPATIONAL SAFETY AND HEALTH  
Northern CA PSM District Office  
1450 Enea Circle, Suite 550  
Concord, CA 94520-7996  
Ph.: (925) 602-2665

**AMENDED EMPLOYER'S SIGNED STATEMENT OF ABATEMENT OF  
REGULATORY AND/OR GENERAL VIOLATIONS**

EMPLOYER: Chevron USA, Inc. dba Chevron Products Co.  
ADDRESS: 841 Chevron Way  
Richmond, CA 94801

The law requires that violations observed during the inspection/investigation completed on 09/15/2010 of the place of employment located at 841 Chevron Way, Richmond, CA be corrected within the time limit specified. Please notify the Division as soon as these conditions have been corrected by returning this completed form. Your response by completing, signing and mailing this form to the issuing office on or before the compliance date may avoid a follow-up inspection of your facilities. **Failure to timely complete and return this form may result in issuance of a citation and civil penalty for violation of 8CCR 340.4(c).**

**NOTE:** This form does not serve as a request for a time extension. If there are serious problems beyond your control that prevent meeting a specified abatement date, contact the Division early, well within the 15-day limit allowed for an appeal.

**This signed statement or a summary shall be posted for three (3) working days at or near each place the regulatory and/or general violation(s) referred to in the citation occurred.**

PLEASE COMPLETE AND MAIL BY 01/01/11

\*\*\*\*\*

**LIST THE SPECIFIC MEASURES & EQUIPMENT TAKEN TO CORRECT EACH CITATION & ITEM NUMBER OF THE UNSAFE CONDITIONS AND DATE OF ABATEMENT.**

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☐ Continued on additional page

All affected employees and their representatives have been informed about abatement activities referenced in this document in conformance with 8CCR Section 340.4(g). ☐ Yes ☐ No

This certifies that all unsafe conditions listed in the Division's citation dated 09/15/10 have now been corrected and all submitted abatement information is accurate.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

OFFICE USE ONLY	
Division Engineer/Industrial Hygienist: _____	Date _____
District Manager: _____	Date _____
<input type="checkbox"/> Close/Comments	
Region <u>6</u> District <u>3</u> Inspection No. <u>314324187</u> Identification No. <u>I7311</u> Cal/OSHA Rpt. No. & Fiscal Year <u>01-11</u>	

Date mailed or delivered: 09/30/10

Cal/OSHA 160 (09/01/2000)



STATE OF CALIFORNIA  
DEPARTMENT OF INDUSTRIAL RELATIONS  
DIVISION OF OCCUPATIONAL SAFETY AND HEALTH  
Northern CA PSM District Office  
1450 Enea Circle, Suite 550  
Concord, CA 94520-7996  
Ph.: (925) 602-2665

**AMENDED EMPLOYER'S SIGNED STATEMENT OF ABATEMENT OF  
REGULATORY AND/OR GENERAL VIOLATIONS**

EMPLOYER: Chevron USA, Inc. dba Chevron Products Co.  
ADDRESS: 841 Chevron Way  
Richmond, CA 94801

The law requires that violations observed during the inspection/investigation completed on 09/15/2010 of the place of employment located at 841 Chevron Way, Richmond, CA be corrected within the time limit specified. Please notify the Division as soon as these conditions have been corrected by returning this completed form. Your response by completing, signing and mailing this form to the issuing office on or before the compliance date may avoid a follow-up inspection of your facilities. **Failure to timely complete and return this form may result in issuance of a citation and civil penalty for violation of 8CCR 340.4(c).**

**NOTE:** This form does not serve as a request for a time extension. If there are serious problems beyond your control that prevent meeting a specified abatement date, contact the Division early, well within the 15-day limit allowed for an appeal.

PLEASE COMPLETE AND MAIL BY 01/01/11

This signed statement or a summary shall be posted for three (3) working days at or near each place the regulatory and/or general violation(s) referred to in the citation occurred.

\*\*\*\*\*

**LIST THE SPECIFIC MEASURES & EQUIPMENT TAKEN TO CORRECT EACH CITATION & ITEM NUMBER OF THE UNSAFE CONDITIONS AND DATE OF ABATEMENT.**

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[ ] Continued on additional page

All affected employees and their representatives have been informed about abatement activities referenced in this document in conformance with 8CCR Section 340.4(g). [ ] Yes [ ] No

This certifies that all unsafe conditions listed in the Division's citation dated 09/15/10 have now been corrected and all submitted abatement information is accurate.

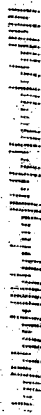
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

OFFICE USE ONLY	
Division Engineer/Industrial Hygienist:	Date _____
District Manager:	Date _____
[ ] Close/Comments	
Region <u>6</u> District <u>3</u> Inspection No. <u>314324187</u> Identification No. <u>I7311</u> Cal/OSHA Rpt. No. & Fiscal Year <u>01-11</u>	

Date mailed or delivered: 09/30/10

Cal/OSHA 160 (09/01/2000)



DIVISION OF OCCUPATIONAL SAFETY AND HEALTH  
NORTHERN CALIFORNIA PROCESS SAFETY MANAGEMENT DISTRICT OFFICE  
1450 ENEA CIRCLE, SUITE 550  
CONCORD, CA 94520-7996

CERTIFIED MAIL™



7009 0820 0001 4838 4396



*Received by Peter Sammicanic on 10-5-10.*

CERTIFIED-RRR

*Safety T/CN*

To:

Chevron USA, Inc. dba Chevron Products Co.  
and its successors  
841 Chevron Way  
Richmond, CA 94801

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

CERTIFIED-RRR

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>1. Article Addressed to:</p> <p>Chevron USA, Inc. dba Chevron Products Co.</p> <p>and its successors</p> <p>841 Chevron Way</p> <p>Richmond, CA 94801</p>		<p>A. Signature <input checked="" type="checkbox"/> Agent</p> <p>B. Received by (Printed Name) <input type="checkbox"/> Addressee</p> <p>C. Date of Delivery</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7009 0820 0001 4838 4396</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p>	
<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7009 0820 0001 4838 4396</p>			
<p>PS Form 3811, February 2004</p>			

102585-02-M-1540

Domestic Return Receipt